



WEBAPP

City of Boston Assessing Department

FY 2007 APPLICATION FOR ABATEMENT OF REAL ESTATE TAX

Mass. General Laws Ch. 59, § 59

Property Identification

Where to File: Assessing Department, Room 301
City Hall, Boston, MA 02201.

Filing Deadline: No later than **February 1, 2007.**

Fill in blanks with information **EXACTLY AS IT APPEARS ON THE TAX BILL**. Please type or use ball point pen and **PRINT** carefully.

Ward: Parcel: - Bill No.: Class:

Assessed Owner: (as of 1/1/2006)

*Applicant (if not assessed owner):

Total Full Valuation:

Location: Zip Code:

Number and Street

Reason for Abatement

☐ **Overvaluation / Improper Classification / Disproportion**

(Complete attached Information Requisition Form)

NOTE: Upon filing this application for abatement, you will be required to complete an **Information Requisition Form** (attached) providing more detailed information about the assessed property (Mass. General Laws Ch. 59 § 61A). The failure to provide the information requested on the form **within thirty days of filing your abatement application** may result in the loss of your right to appeal the tax assessed.

☐ **Statutory Exemption:** You must complete a **Statutory Exemption**

Information Requisition available at Room 301, City Hall. Do **NOT** complete the standard Information Requisition.

Authorization (Complete and Sign below)

Social Security #: - - Federal ID #:

(REQUIRED FOR REFUND: Write in one of the numbers above)

STATEMENT OF APPLICANT:

I am aggrieved by the assessment of the Real Estate Tax upon the real estate parcel described above, and hereby apply for abatement. **I also hereby authorize the representative (if any) whose signature appears at right to act on my behalf relative to this application.** I also hereby accept, as of the date of this filing, the attached form requesting additional information in compliance with Chapter 59, Section 61A.

X

Signature of Applicant / / Date

PRINT BELOW

Applicant's Name (Last Name, First)

Number and Street (Mailing Address)

City State Zip Code
Day:() - Eve:() -

* Applicant means: Person other than assessed owner such as executor, or trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

STATEMENT OF REPRESENTATIVE: (if any)

I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, **in the absence of this applicant's signature, I attach herewith a letter of authorization signed by the applicant. I also (circle one) file herewith/ have filed/ will file (within 30 days of the date of this application) an Information Requisition with Owner's (or Applicant's) authorization** with the City of Boston Assessing Department relative to this abatement application.

Signature of Representative / / Date

PRINT BELOW

Representative's Name (Last Name, First)

Firm Name

Number and Street (Mailing Address)

City State Zip Code
Telephone Number () -

SHORT FORM

DATE STAMP HERE

INF



City of Boston Assessing Department

FY 2007 INFORMATION REQUISITION

Mass. General Laws Ch. 59, § 61A

Property Identification

Ward: Parcel: - Bill No.: _____ Class: _____
(Land Use)

Assessed Owner: (as of 1/1/2006) _____

*Applicant (if not assessed owner): _____

Total Full Valuation: _____

Location: _____ Zip Code:

Number and Street

Contact Person: _____

Mailing Address: _____ City: _____ State: _____ Zip Code:

Number and Street

Phone #: (Day) - (Eve.) - -

Associated - Parcel Section:

(NOTE: For multi-parcel properties, file **one** application for **each** parcel that you want considered for abatement. File all applications together with **one** Information Requisition covering **all** parcels, noting **MAIN** parcel #).

1) Does this property consist of more than one parcel?

Yes ☐ No ☐

2) **If yes**, please **list** all additional WARD and PARCEL #s.

Ward	Parcel No.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3) Please list **MAIN** WARD & PARCEL # for completed Information Requisition.

Ward Parcel -

Applicant's Standing Section:

If applicant is not assessed owner, what is the basis of applicant's standing? _____ Subsequent owner _____ Mortgagee in possession
_____ Tenant with obligation to pay more than 50% of tax _____ Other: _____

Authorization Section: (complete and sign below)

Social Security #: - - Federal ID #:

(REQUIRED FOR REFUND: Write in one of the numbers above)

Owner/Applicant's Statement

I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. **(If applicable)** I hereby authorize the representative whose signature appears on my application for abatement under the Authorization Section to act on my behalf relative to my FY 2007 abatement application(s).

Signature of Owner or Applicant

Date

Print Name: _____

NOTE: All abatements are subject to jurisdictional requirements under G. L. Ch. 59, and final approval by the Board of Review and the Commissioner of Assessing.

REQUIRED SCHEDULES

NOTE: To complete the required schedules, consult the samples. Also complete schedules **H** and **I**, if applicable.

* Applicant means: Person other than assessed owner such as executor, or trustee, or tenant paying more than 50% of taxes, or subsequent owner, or mortgagee in possession.

If Your Property is this Type:

RESIDENTIAL Residential (1-3 Family)
Apartments (4 units or more)

Condominiums
Mixed Use (Res. & Com.)

COMMERCIAL Office, Retail, Industrial, Condos
Hotel, Motel

Complete these schedules:

A, B (Part 1)
A, C, F, G

A, B, (Part 2)
A, C, D, F, G

A, D, F, G, I

A, G, J
(Schedule J is available in Room 301, City Hall)

SCHEDULE **A**

General Information

Information Requisition FY 2007

SCA

PLEASE COMPLETE BELOW:

Ward:

Parcel: -

NOTE: The numbers above should appear on each page of this form.

PART ONE: Reason for Filing (Please check (X) appropriate reason as of **1/1/06**)

☐ **Not Reflective of Fair Market Value on 1/1/2006** (Provide three sales that occurred in last two years)

Property Address	Sale Price	Date of Sale
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

☐ **Recent Sale of Property:** Date of Sale ____/____/____ Price \$ _____

Any relation to seller? ☐ Yes ☐ No
Any non-real estate items included in sales price? ☐ Yes ☐ No

Description of items: _____

Associated Cost: \$ _____

Mortgage Amount: \$ _____

Lender's Name: _____

Lender's Appraisal Value: \$ _____ (attach copy)

☐ **Property recently refinanced, appraisal value below assessed value (attach copy)**

Date of Refinancing ____/____/____ Amount Financed: \$ _____
Lender's Appraisal Value: \$ _____

☐ **Not in line with comparable assessments.** (Provide value data for three similar properties)

Property Address	Ward	Parcel No.	Value
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

☐ **Improper Classification - Land Use:**

Please indicate correct Classification: _____

Please indicate correct Land Use: _____

☐ **Income generated by the property does not support Assessed Value.**

☐ **Other:** _____ (Please use **Part Two** below for detailing information)

PART TWO: Opinion of Value and Additional Comments

- Owner's opinion of value as of **January 1, 2006**? \$ _____
- Additional Comments (use separate page, if necessary)

SCHEDULE B

Residential Information

Information Requisition FY 2007

PLEASE COMPLETE BELOW:

Ward:

Parcel:

 -

NOTE: The numbers above should appear on each page of this form.

PART ONE: One-, two- or three-family ONLY. Effective reporting date is 1/1/06.

1. **Property Use:** Indicate primary use of the property.
 _____ One- family _____ Two- family _____ Three-family
 Is the property owner-occupied? (Y/N) _____
 Does the property include an in-law or an au-pair unit? (Y/N) _____

2. **Property Description:**

A. Year Built: _____

B. Room Count by Floors:

Example:

Floor Level	Total # Rooms	# of Bedrooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y or N)	Kitchen? (Y or N)
1	5	3	1	1	100	(Y)	(Y)

Floor Level	Total # Rooms	# of Bedrooms	# of Full Baths	# of 1/2 Baths	% Finished Living Area	Heated? (Y or N)	Kitchen? (Y or N)
Sub							
Bsmt						()	()
Bsmt						()	()
1						()	()
2						()	()
3						()	()
4						()	()
5						()	()
Attic						()	()
Total # of Floor Levels							

- C. Heating Type: Check (X) one
 () Forced Air () Radiators () Baseboard
 () Radiant () Space Heater

- D. Other Features: Check (X) all that apply.
 () Central air conditioning () Garage () Roof deck
 # of working fireplaces _____ # of off-street parking spaces _____
 Other amenities: _____

3. **Property Improvements:** List any remodeling or updating completed within the last five years. (Attach additional information if necessary)

Type	Description of Improvement	Year	Total Cost
Kitchen			\$
Bath			\$
Ext Siding			\$
Interior			\$
Additions			\$
Plumbing			\$
Electrical			\$
Roof			\$
Windows			\$
Other:			\$

4. **Property Condition: Systems and Structure**

Check (X) one per category.

Heating () Excellent () Good () Average () Fair () Poor
 Electrical () Excellent () Good () Average () Fair () Poor
 Plumbing () Excellent () Good () Average () Fair () Poor
 Roof () Excellent () Good () Average () Fair () Poor
 Windows () Excellent () Good () Average () Fair () Poor
 Foundation () Excellent () Good () Average () Fair () Poor

5. **Property Condition: Overall** Check (X) one per category.

Interior () Excellent () Good () Average () Fair () Poor
 () Uninhabitable
 Exterior () Excellent () Good () Average () Fair () Poor

PART TWO: Condominium/Co-Op

1. **Square footage**

Total _____ Finished area _____ Unfinished area _____

2. **Design**

_____ Loft _____ Duplex _____ Basement _____ Penthouse
 Other: _____

3. **Floor Level**

_____ Sub-Basement _____ Basement _____ Garden
 _____ 1st _____ 2nd _____ 3rd _____ Other: _____
 Number of floor levels in the unit: _____ 1 _____ Other: _____

4. **Orientation:** Indicate the **relative** location of the unit in the building.

_____ Front _____ Rear _____ Middle _____ Full Floor _____ Corner

5. **Rooms:** Indicate the **number** of rooms by type.

_____ Living Room _____ Dining Room _____ Bedroom
 _____ Eat-In Kitchen _____ Other Kitchen _____ Full Bath
 _____ Half Bath _____ Other: _____

6. **Overall Condition**

_____ Excellent _____ Good _____ Average _____ Other: _____

7. **Renovations**

	Year Completed	Total Cost
Kitchen		\$
Baths		\$
Other:		\$

8. **Amenities:** Check (X) all that apply.

Unit: _____ Private Elevator _____ Fireplace _____ Central A/C _____ View
 _____ Balcony (Sq. ft. _____) _____ Storage (Sq. Ft. _____)
 Other: _____
 Complex: (Elevator, pool, rec room, etc.) _____

9. **Parking Spaces**

Number of indoor spaces: _____ Number of outdoor spaces: _____
 Location of spaces:
 _____ On-site _____ Off-site (Address: _____)
 Ownership: _____ Easement _____ Rented (Mo. Rent \$ _____)
 _____ Separately Deeded (Sale Price: \$ _____)

10. **Rental Information:** Tenant: _____ Mo. Rent \$ _____

11. **Condo/Co-op Fees:**

Monthly \$ _____ Other: _____ \$ _____